

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



January 23, 1991

ALL COUNTY INFORMATION NOTICE I-05-91

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: ASSISTANCE DOG SPECIAL ALLOWANCE PROGRAM

This notice is to inform you of changes that have occurred with the state Guide Dog Special Allowance (GDSA) Program (reference W&I Code Section 12553 and MPP Section 46-430). As you know, this program provided \$30 per month to blind recipients of SSI/SSP and IHSS to purchase dog food for their guide dogs. The passage of state legislation, AB 4241 (Chapter 871) expanded the GDSA Program to include disabled recipients who have signal or service dogs.

Effective January 1, 1991, the GDSA Program became the Assistance Dog Special Allowance (ADSA) Program. Expansion of the program provides for the allowance to be used for care and maintenance of the assistance dog in addition to purchasing dog food. The allowance increased to \$40 per month beginning January 1, 1991 and will be increased to \$50 per month beginning July 1, 1991. An informational notice to inform eligible recipients about this program will be sent in the mail with the February Medi-Cal cards.

Notwithstanding MPP 46-430.3, State Department of Social Services (SDSS) will pay assistance to eligible recipients who have signal and service dogs effective January 1, 1991, if their application is received by SDSS by February 28, 1991.

Although this is a state administered program, counties are responsible for assisting recipients with the completion of their applications when they request it. A small supply of applications is enclosed for your convenience. For additional applications or information regarding the Assistance Dog Special Allowance Program, please contact the Adult Program Management Bureau, 744 P Street, MS 12-55, Sacramento, CA 95814, (916) 324-4184.

Sincerely,

A handwritten signature in dark ink, appearing to read "Robert A. Horel", is written over a horizontal line.

ROBERT A. HOREL
Deputy Director

Enclosure

cc: CWDA

APPLICATION FOR SPECIAL ALLOWANCE FOR GUIDE DOGS, SIGNAL DOGS OR SERVICES DOGS

Date:

MAIL THE COMPLETED FORM TO:

Assistance Dog Special Allowance
Department of Social Services
744 P Street, Mail Station 12-55
Sacramento, California 95814

THIS PROGRAM PROVIDES \$40 PER MONTH FOR THE CARE, MAINTENANCE AND THE PURCHASE OF DOG FOOD FOR GUIDE, SIGNAL OR SERVICE DOGS. COMPLETE, SIGN AND RETURN THIS FORM IF YOU MEET ALL THREE OF THE FOLLOWING CRITERIA:

- (1) YOU ARE BLIND OR DISABLED; AND
- (2) YOU ARE A RECIPIENT OF AID IN CALIFORNIA UNDER THE SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT (SSI/SSP) AND/OR IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAMS; AND
- (3) YOU HAVE A GUIDE, SIGNAL OR SERVICE DOG (A DOG TRAINED BY A RECOGNIZED PROFESSIONAL TRAINER AND USED TO ASSIST YOU IN YOUR DAILY ACTIVITIES).

IF YOU MEET THE ELIGIBILITY REQUIREMENTS FOR THE ALLOWANCE, THE BEGINNING DATE OF PAYMENT WILL BE THE **MONTH** IN WHICH THE COMPLETED FORM IS RECEIVED BY US. YOU SHOULD, THEREFORE, RETURN THE COMPLETED FORM PROMPTLY TO ASSURE THE EARLIEST POSSIBLE EFFECTIVE DATE OF PAYMENT. IF NECESSARY, A FRIEND OR RELATIVE MAY HELP YOU COMPLETE THIS FORM OR YOU MAY TAKE IT TO YOUR LOCAL COUNTY WELFARE DEPARTMENT FOR ASSISTANCE IN COMPLETING IT.

NOTE: IF YOU DO NOT MEET ALL THREE OF THE ABOVE CRITERIA, YOU ARE NOT ELIGIBLE FOR THIS PAYMENT AND SHOULD NOT COMPLETE THIS FORM. HOWEVER, IF YOU SHOULD BECOME ELIGIBLE IN THE FUTURE, PLEASE CONTACT THE STATE DEPARTMENT OF SOCIAL SERVICES OR YOUR LOCAL COUNTY WELFARE DEPARTMENT TO APPLY FOR THIS SPECIAL MONTHLY PAYMENT.

IF YOU ARE DETERMINED TO BE ELIGIBLE FOR THE ASSISTANCE DOG SPECIAL ALLOWANCE, YOU ARE RESPONSIBLE FOR NOTIFYING THE DEPARTMENT OF SOCIAL SERVICES IF YOU: (1) CEASE TO HAVE AN ASSISTANCE DOG; (2) ARE DISCONTINUED FROM THE SSI/SSP OR IHSS PROGRAMS; OR (3) HAVE A CHANGE IN YOUR MAILING ADDRESS OR NAME.

The Adult Program Management Bureau of the Department of Social Services (744 P Street, Sacramento, CA 95814 (916) 324-4184) is authorized under Welfare and Institutions Code Section 12553 to maintain the information on this form in order to administer the Assistance Dog Special Allowance. You must complete all of the information items requested on this form if you want to apply for the Assistance Dog Special Allowance. If you do not provide all of the information requested on this form, your eligibility will not be able to be determined for the Assistance Dog Allowance. Your application will, therefore, be denied. The information collected with this form will be used only to determine whether or not you are eligible for the Assistance Dog Special Allowance. No further transfer of this information is foreseen. The disclosure of your Social Security Account Number is mandatory. It is required pursuant to Title 42 U.S. Code Section 405 and California Welfare and Institutions Code Section 12553. It will be used to identify you in our files and to insure that you are eligible for the Assistance Dog Special Allowance.

APPLICATION FOR SPECIAL ALLOWANCE FOR GUIDE DOGS, SIGNAL DOGS OR SERVICE DOGS

1. NAME: (First, Middle Initial, Last)		2. SOCIAL SECURITY NUMBER	
3. HOME ADDRESS: (Number, Street, Apt., city & Zip Code)			
4. MAIL CHECKS TO: (If different from above)			
5. I AM (Circle One) BLIND DISABLED		7. MY ASSISTANCE DOG IS A: (Circle One) GUIDE DOG SIGNAL DOG SERVICE DOG	
		7. BREED OF MY DOG IS:	
8. WHERE DID YOU OBTAIN YOUR DOG? (NAME OF SCHOOL, CITY, STATE)			
9. WHEN DID YOU FIRST RECEIVE AID? MONTH YEAR		10. I RECEIVE THE FOLLOWING: (Check Appropriate Box) <input type="checkbox"/> SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT (SSI/SSP) FOR THE AGED, BLIND AND DISABLED AND/OR <input type="checkbox"/> IN-HOME SUPPORTIVE SERVICES (IHSS) (HOMEMAKER/CHORE)	
11. WHEN DID YOU RECEIVE YOUR DOG? MONTH YEAR		12. HAVE YOU EVER RECEIVED AN ALLOWANCE FOR A GUIDE, SIGNAL, OR SERVICE DOG IN CALIFORNIA BEFORE? <input type="checkbox"/> YES YEAR? _____ <input type="checkbox"/> NO	

DECLARATION UNDER PENALTY OF PERJURY

BY APPLICANT: (SIGNATURE OR "MARK" MUST BE ENTERED BELOW)	
I DECLARE UNDER PENALTY OF PERJURY AND SUBJECT TO PROSECUTION AS THE CRIME OF PERJURY UNDER THE PENAL CODE THAT THE FOREGOING STATEMENTS ON THIS FORM ARE TRUE AND CORRECT. I UNDERSTAND THE SCHOOL OR TRAINER NAMED ON THIS FORM (ITEM 8) MAY BE CONTACTED TO VERIFY THESE STATEMENTS AND I HEREBY CONSENT TO SUCH VERIFICATION.	
* SIGNATURE OR MARK OF APPLICANT	APPLICANT'S TELEPHONE
PLACE SIGNED (COUNTY)	DATE
* <i>An applicant who cannot write may sign by making a mark; however, a person witnessing the making of the mark must print the applicant's name near the mark and sign as a witness. This witness is not signing under penalty of perjury.</i>	
NAME OF PERSON WHO READ FORM OR RECORDED INFORMATION FOR APPLICANT	SIGNATURE OF WITNESS
	ADDRESS OF PERSON WHO READ FORM OR RECORDED INFORMATION FOR APPLICANT

BY OTHER THAN APPLICANT: (WHERE APPLICANT IS INCAPABLE OF COMPLETING FORM)		
** An applicant who is incapable of completing this form, and for whom no guardian or conservator of his estate has been appointed, may have it completed and signed on his/her behalf by a relative, close personal friend, or representative of a public agency who has all necessary knowledge regarding the applicant's circumstances and is willing to affirm thereto.		
<i>I declare under penalty of perjury and subject to prosecution as the crime of perjury under the penal code that I have knowledge sufficient to complete this form on behalf of the applicant and that the information given is true and correct to the best of my knowledge.</i>		
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I declare under penalty of perjury and subject to prosecution as the crime of perjury under the penal code that I have knowledge sufficient to complete this form on behalf of the applicant and that the information given is true and correct to the best of my knowledge.

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NOTE: IF YOU DO NOT MEET ALL THREE OF THE ABOVE CRITERIA, YOU ARE NOT ELIGIBLE FOR THIS PAYMENT AND SHOULD NOT COMPLETE THIS FORM. HOWEVER, IF YOU SHOULD BECOME ELIGIBLE IN THE FUTURE, PLEASE CONTACT THE STATE DEPARTMENT OF SOCIAL SERVICES OR YOUR LOCAL COUNTY WELFARE DEPARTMENT TO APPLY FOR THIS SPECIAL MONTHLY PAYMENT.

IF YOU ARE DETERMINED TO BE ELIGIBLE FOR THE ASSISTANCE DOG SPECIAL ALLOWANCE, YOU ARE RESPONSIBLE FOR NOTIFYING THE DEPARTMENT OF SOCIAL SERVICES IF YOU: (1) CEASE TO HAVE AN ASSISTANCE DOG; (2) ARE DISCONTINUED FROM THE SSI/SSP OR IHSS PROGRAMS; OR (3) HAVE A CHANGE IN YOUR MAILING ADDRESS OR NAME.

The Adult Program Management Bureau of the Department of Social Services (744 P Street, Sacramento, CA 95814 (916) 324-4184) is authorized under Welfare and Institutions Code Section 12553 to maintain the information on this form in order to administer the Assistance Dog Special Allowance. You must complete all of the information items requested on this form if you want to apply for the Assistance Dog Special Allowance. If you do not provide all of the information requested on this form, your eligibility will not be able to be determined for the Assistance Dog Allowance. Your application will, therefore, be denied. The information collected with this form will be used only to determine whether or not you are eligible for the Assistance Dog Special Allowance. No further transfer of this information is foreseen. The disclosure of your Social Security Account Number is mandatory. It is required pursuant to Title 42 U.S. Code Section 405 and California Welfare and Institutions Code Section 12553. It will be used to identify you in our files and to insure that you are eligible for the Assistance Dog Special Allowance.

APPLICATION FOR SPECIAL ALLOWANCE FOR GUIDE DOGS, SIGNAL DOGS OR SERVICE DOGS

1. NAME: (First, Middle Initial, Last)		2. SOCIAL SECURITY NUMBER	
3. HOME ADDRESS: (Number, Street, Apt., city & Zip Code)			
4. MAIL CHECKS TO: (If different from above)			
5. I AM (Circle One) BLIND DISABLED		7. MY ASSISTANCE DOG IS A: (Circle One) GUIDE DOG SIGNAL DOG SERVICE DOG	
		7. BREED OF MY DOG IS:	
8. WHERE DID YOU OBTAIN YOUR DOG? (NAME OF SCHOOL, CITY, STATE)			
9. WHEN DID YOU FIRST RECEIVE AID? MONTH YEAR		10. I RECEIVE THE FOLLOWING: (Check Appropriate Box) <input type="checkbox"/> SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT (SSI/SSP) FOR THE AGED, BLIND AND DISABLED AND/OR <input type="checkbox"/> IN-HOME SUPPORTIVE SERVICES (IHSS) (HOMEMAKER/CHORE)	
11. WHEN DID YOU RECEIVE YOUR DOG? MONTH YEAR		12. HAVE YOU EVER RECEIVED AN ALLOWANCE FOR A GUIDE, SIGNAL, OR SERVICE DOG IN CALIFORNIA BEFORE? <input type="checkbox"/> YES YEAR? <input type="checkbox"/> NO	

DECLARATION UNDER PENALTY OF PERJURY

BY APPLICANT: (SIGNATURE OR "MARK" MUST BE ENTERED BELOW)	
I DECLARE UNDER PENALTY OF PERJURY AND SUBJECT TO PROSECUTION AS THE CRIME OF PERJURY UNDER THE PENAL CODE THAT THE FOREGOING STATEMENTS ON THIS FORM ARE TRUE AND CORRECT. I UNDERSTAND THE SCHOOL OR TRAINER NAMED ON THIS FORM (ITEM 8) MAY BE CONTACTED TO VERIFY THESE STATEMENTS AND I HEREBY CONSENT TO SUCH VERIFICATION.	
* SIGNATURE OR MARK OF APPLICANT	APPLICANT'S TELEPHONE
PLACE SIGNED (COUNTY)	DATE
* <i>An applicant who cannot write may sign by making a mark; however, a person witnessing the making of the mark must print the applicant's name near the mark and sign as a witness. This witness is not signing under penalty of perjury.</i>	
NAME OF PERSON WHO READ FORM OR RECORDED INFORMATION FOR APPLICANT	SIGNATURE OF WITNESS
	ADDRESS OF PERSON WHO READ FORM OR RECORDED INFORMATION FOR APPLICANT

BY OTHER THAN APPLICANT: (WHERE APPLICANT IS INCAPABLE OF COMPLETING FORM)		
** An applicant who is incapable of completing this form, and for whom no guardian or conservator of his estate has been appointed, may have it completed and signed on his/her behalf by a relative, close personal friend, or representative of a public agency who has all necessary knowledge regarding the applicant's circumstances and is willing to affirm thereto.		
<i>I declare under penalty of perjury and subject to prosecution as the crime of perjury under the penal code that I have knowledge sufficient to complete this form on behalf of the applicant and that the information given is true and correct to the best of my knowledge.</i>		
** SIGNATURE OF PERSON COMPLETING FORM	RELATIONSHIP (LEGAL GUARDIAN, WIFE, SON, FRIEND, ETC.)	
ADDRESS	PLACE SIGNED (COUNTY)	DATE